

Office of The President

January 30, 2002

Mr. Frederick Burkhardt
PO Box 1067
Bennington, VT 05201

Dear Dr. Burkhardt,

I have been over the Darwin material several times, and have also had it reviewed by a good friend, Dr. Michael Lockshin, a rheumatologist and clinical immunologist who is the former director of the National Institute of Arthritis and Metabolic Diseases at the NIH.

Of course the clinical material available for evaluation is quite sketchy, but a few things are clear enough. One is that whatever his problem or problems consisted of, they went on for three decades or so with no particular evidence of progressive erosion of his health, or in fact progression of his symptoms. Rather, he had widespread, nonspecific complaints that are extremely common, and that probably do not lend themselves to a unitary explanation. One thing can be said, and that is that some of his symptoms at least would suggest a psychogenic origin to most physicians these days. I say that without great conviction, since we have only the sketchy notes on his medical history.

With regard to the allergy thesis, Dr. Lockshin and I are in total agreement that Ms. Smith's theories cannot be subscribed to. She has a very confused concept of immunology and a highly uncritical approach. Dr. Lockshin comments, "She seems to accept almost all symptoms as potentially due to disordered immunity, and rejects out of hand most other theories about Darwin's symptoms. She is prone to use such words as 'clearly' and 'obviously' when the statements are speculative, unsubstantiated, and neither clear nor obvious. She presents almost no primary data to support her ideas, and frequently refers to secondary data as proof. She relies on discredited spokespersons to support her ideas."

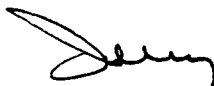
Specific comments we would offer include the following:

- p.1.—Neither of us knows of a strong statistical connection between allergy and dyslexia.
- p.2.—T-cell immunity is specific, as is B-cell immunity; the definitions of T-cell and B-cell immunity are incorrect.
- p.6.—It is misleading to refer to palpitations as a typical allergy symptom.
- p.7.—One cannot use a statistical calculation to disprove parasitic infection.
- p.8.—Hypersensitivity to heat and cold are not benchmark symptoms of allergy.
- p.9.—The statement about the minute concentration and about the parallel to Huxley seem to us a stretch.
- p.10.—The concept of 48-hour episodes of phlebitis is extremely unlikely; similarly, on p.11, the statement that the control group had 60 episodes of phlebitis at home and 41 in the hospital (total of 20 patients) is also extremely unlikely.

- p.11.—Dr. Theron Randolph is well-known as an unscientific physician who is well out of the mainstream of conventional medical thinking.
- p.12.—Severe headache is not a common allergy reaction.
- p.13.—The statement about mercury inducing autoimmunity is a gross oversimplification and misreading of data.
- p.13.—The statement about dental amalgams echoes an incorrect theory that was popular among unorthodox practitioners a few years ago.
- p.13.—The gastrointestinal system is not a common “target” of allergic disease.
- p.14.—Scarlet Fever does not cause long-term immunological damage, and could be easily misdiagnosed in Darwin’s day.
- p.14.—Recovery over a year is not typical of viral diseases.
- p.18.—Dr. Randolph’s tests for psychosomatic disease are not generally accepted.
- p.20.—It is an overstatement to speak about abscesses and mouth ulcers as signs of a stressed immune system.
- p.22.—“A change of target organ” is unsupported by any data we know of.
- p.23.—We doubt that the circumstances regarding Galileo reported by Dava Sobel have any relevance to Darwin.

I hope this is helpful. Both Dr. Lockshin and I have much enjoyed a chance to go over this material. I will be interested in your reactions.

Sincerely yours,



Jeremiah A. Barondess, M.D.
President

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cc: Dr. Lederberg